SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Det Public Employer:	Regional School D	istrict		County	County: Cape May		
Employee Organization Lower Cape May Regional School Di			istrict Bus Drivers			Employees in Unit: 39	
Base Year Contract Term:							
Type of Settlement	_		<u> </u>		✓ Voluntary Settlement	Super Conciliation	
			Column A Base Year - Total Costs (Last Year of Previous agreement)		. Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic							
Item 1 Sal	ary	*****	\$702,301		\$720,437	· .	
ftem 2 <u>Inc</u>	rement						
ltem 3 Lor	ngevity						
Item 4							
ftem 5							
Item 6							
Item 7							
Item 8							
Item 9							
Item 10							
Item 11					***************************************		
Item 12					<u></u>		
Any additional items list on separate sh	eet	Additional Items					
Section III: Totals - sum of cos	Section III: Totals - Sum of costs in each column				\$720,437		
			\$702,301	otal)	(Total)		
			"	otal	(10tai)		
Section IV: Analysis of new success	or agreement		NEW AGREE	MENT ANALYSIS	<u>I</u>		
Total Base Year(previous agreement)	\$702,301						
Effective Date (m/d/yyyy)		7/1/2014	7/1/2015	7/1/2016			
Percent Increase		2.58%	2.48%	2.40%			
Total cost of increase		\$18,136	\$17,863	\$17,702			
Total base salary (successor agreement)	\$720,437	\$738,300	\$756,002			
Section V: Impact of Settleme	ent - average annual in	crease over term of ag	preement				
Percentage Impact (average per year ov	er term of agreement)	2.49					
Dollar impact (average per year over ten	m of agreement)	\$17,900.33					
Section VI							
oconon vi							
Health Insurance (Indicate costs associa	ted on each line)						
		<i>B</i> ∞e Year \$57 801	Year 1 \$50 //33				
Health Insurance (Indicate costs associa		\$57,801	\$59,433		-		
Health Insurance (Indicate costs associae							
Health Insurance (Indicate costs associae Cost of Health Plan		\$57,801	\$59,433	-			
Health Insurance (Indicate costs associal Cost of Health Plan Employee Contributions Prescription		\$57,801	\$59,433				
Health Insurance (Indicate costs associa Cost of Health Plan Employee Contributions Prescription Dental		\$57,801 \$1,142	\$59,433 \$2,144	regoing items are fals:	e, s/he is subject to punisme	nt.	
Health Insurance (Indicate costs associa Cost of Health Plan Employee Contributions Prescription Dental Vision The undersigned certifies the	nt the foregoing figure	\$57,801 \$1,142 s are true and is awa	\$59,433 \$2,144	regoing items are falso	e, s/he is subject to punisme	nt.	
Health Insurance (Indicate costs associal Cost of Health Plan Employee Contributions Prescription Dental Vision		\$57,801 \$1,142 s are true and is awa	\$59,433 \$2,144	regoing items are falso	e, s/he is subject to punisme School Business A	_	
Health Insurance (Indicate costs associae Cost of Health Plan Employee Contributions Prescription Dental Vision The undersigned certifies the Section VII	nt the foregoing figure	\$57,801 \$1,142 s are true and is awa	\$59,433 \$2,144			_	